

Registration of American Citizens with Consulates

We encourage all American citizens residing in South Africa to register with their appropriate consulate.

Your registration will ensure that you are notified of any significant information on security or other matters by either the Consulate or one of our warden representatives in the event of an emergency. We also use the system to disseminate information of a more routine nature to the American community within our consular districts.

Those Americans residing in Gauteng, the Free State, Mpumalanga, the Northern Province and North-West Provinces should register with the U.S. Consulate General Johannesburg.

American residents of the Western Cape, Northern Cape and Eastern Cape register with the Consulate General in Cape Town.

Americans residing in KwaZulu-Natal should register with the Consulate General in Durban.

You can either submit the form in person, along with copies of the photo page of each American family member's passport or by fax:

JOHANNESBURG	CAPE TOWN	DURBAN
American Consulate General 1 River St Killarney (opp. Killarney Mall) Fax:(011) 646-6916	American Consulate General 7th Floor Monte Carlo Building Heerengracht Foreshore Fax: (021) 425-3014	American Consulate General 2901 Durban Bay Building 333 Smith St Fax:(031) 301-0265

American Citizen Registration Form

NAME: _____ DPOB: _____
LAST FIRST MIDDLE DATE, PLACE OF BIRTH
Passport #: _____ Date of issue: _____ Place of issue: _____
SS#: _____ Occupation: _____
Date of arrival: _____ Expected departure: _____ E-mail: _____

SPOUSE: _____ DPOB: _____
Passport #: _____ Date of issue: _____ Place of issue: _____
SS#: _____ Occupation: _____

DEPENDENT/S: 1. _____ DPOB: _____
Passport #: _____ Date of issue: _____ Place of issue: _____
SS#: _____ Occupation: _____

2. _____ DPOB: _____
Passport #: _____ Date of issue: _____ Place of issue: _____
SS#: _____ Occupation: _____

3. _____ DPOB: _____
Passport #: _____ Date of issue: _____ Place of issue: _____
SS#: _____ Occupation: _____

**IN THE EVENT OF ADDITIONAL DEPENDENTS, PLEASE INSERT NAMES ON
THE REVERSE OF THIS FORM. THANK YOU.**

S.A. Residence address: _____

phone/fax numbers: _____

S.A. Mailing address: _____

S.A. Business address: _____

phone/fax numbers: _____

Emergency contact (USA or Local) address and telephone number: _____

Signature: _____ Date: _____